

Kindergarten – Grade 12 Immunization Checklist

(optional use – *not* an official record)



| | | | | |
|--------------------------------------|-------|----------------------------|----------|---|
| Name: | | | | |
| Last | First | M.I. | Suffix | |
| Address: | | | | |
| Street | City | State | Zip Code | |
| Date of Birth: ____/____/____ | | Student ID #: _____ | | Date of Enrollment: ____/____/____ Month Year |

Immunizations: enter month, day and year given or attach copy of shot record and place a check mark (✓) in the box for doses given.

| Vaccine Requirement | Dose Number | | | | | Exemptions ✓ to specify type ✓ when exemption form is completed |
|---|-------------|---|--|---|---|---|
| Kindergarten Entry: | | | | | | |
| DTaP 5 doses | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed |
| IPV / OPV (polio) 4 doses | 1 | 2 | 3 | 4 | | <input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed |
| Hepatitis B 3 doses | 1 | 2 | 3 | | | <input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed |
| MMR 2 doses | 1 | 2 | | | | <input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed |
| Varicella 2 doses | 1 | 2 | History of Disease Form Completed ____ | | | <input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed |
| 7th Grade Entry requires all of the above plus: | | | | | | |
| Tdap 1 dose | 1 | | | | | <input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed |
| Meningococcal Required only if living in a dorm | 1 | | | | | <input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed |

**Vermont Department of Health
Immunization Program**

**802-863-7638
1-800-640-4374
healthvermont.gov**